



Prescription

Field	Details
Appointment ID	2
Patient Name	Riju Mandal
Email	rijumandal101@gmail.com
Phone	8768569757
Gender	Male
Blood Group	B+
Age	21
Disease Name	Fungal infection, Dengue,
Medication Name	fluconazole, paracetamol
Dosage	week 1- 3*200 mg, week(2-9)- 1*200 mg
Frequency	Daily
Duration	3 month
Date Signed	2025-07-19
Doctor Signature	John doe
Prescription Text	everyday

Thank you for using our service.